## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

**OTHER THAN** 

031211-060

**SMALL ENTITY** 

|   |  |   | (Column 1)                       |                      | (Column 2)                      |                 | •                         | TYPE      |                                       | OR                     | SMALL E       | ENTITY              |                        |
|---|--|---|----------------------------------|----------------------|---------------------------------|-----------------|---------------------------|-----------|---------------------------------------|------------------------|---------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 10                               |                      |                                 |                 |                           | RATE      | FEE                                   |                        | RATE          | FEE                 |                        |
| FOR   |  |   | NUMBER FILED                     |                      | NUMBER EXTRA                    |                 |                           | BASIC FEE | 355.00                                | OR                     | BASIC FEE     | · 710.00            |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | <b>0</b> minus 20=               |                      | • 9                             |                 |                           | X\$ 9=    |                                       | OR                     | X\$18=        |                     |                        |
| INDI  | EPENDENT CL                                    | AIMS  | minus 3 =                        |                      | 9                               |                 |                           | X40=      |                                       | OR                     | X80=          |                     |                        |
| MUI   | TIPLE DEPENI                                   | DENT CLAIM PI   | RESENT                           |                      |                                 |                 |                           |           | +135=                                 |                        | OR            | +270=               |                        |
| * If 1  | the difference                                 | less than ze  | ro, ente                         | r "0" in co          | olum                            | n 2             |                           | TOTAL     |                                       | OR                     | TOTAL         | 7000                |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                  |                      |                                 |                 |                           |           | •                                     |                        | ı             | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |                                  |                      |                                 |                 |                           | SMALL E   | NTITY                                 | OR                     | SMALL         |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | :                                | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    |                 | ESENT<br>KTRA             |           | RATE                                  | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 10  | Minus                            | ** ,                 | 20                              | =               | 0                         |           | X\$ 9=                                | ·                      | OR            | X\$18=              | 0.                     |
|   | Independent                                    | . /   | Minus                            |                      | <b>3</b>                        | =               | Ø                         |           | X40=                                  |                        | OR            | X80=                | U                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |                                  |                      |                                 |                 |                           |           | +135=                                 |                        | OR            | +270=               |                        |
|   |  |   |                                  |                      |                                 |                 |                           |           | TOTAL                                 |                        | OR            | TOTAL<br>ADDIT. FEE | 0                      |
|   | (Column 1) (Column 2) (Column 3)               |   |                                  |                      |                                 |                 |                           |           | ADDIT. FEE                            | <u> </u>               |               | ADDIT. FEE          |                        |
| AMENDMENT B   |  | CLAIMS  |                                  |                      | HEST                            | 100             | ium o                     | 1         |                                       | ADDI-                  | 1             | <del></del>         | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT   |                                  | PREV                 | MBER<br>IOUSLY<br>D FOR         |                 | ESENT<br>EXTRA            |           | RATE                                  | TIONAL<br>FEE          |               | RATE                | TIONAL<br>FEE          |
|   | Total  | *   | Minus                            | **                   |                                 | =               |                           |           | X\$ 9=                                |                        | OR            | X\$18=              |                        |
|   | Independent                                    | *   | Minus                            | ***                  |                                 | =               |                           |           | X40=                                  |                        | OR            | X80=                | -                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |   |                                  |                      | II CLAIM                        |                 | Ц                         | J         | +135=                                 |                        | OR            | +270=               |                        |
|   |  |   | ,                                |                      |                                 |                 |                           |           | TOTAL                                 |                        | OR            | TOTAL               |                        |
|   |  |   | ADDIT. FEE                       |                      | 10                              | ADDIT. FEE      | L                         |           |                                       |                        |               |                     |                        |
|   |  | (Column 1)  |                                  |                      | umn 2)                          | (Co             | lumn 3                    | _         |                                       |                        |               |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                  | NUI<br>PREV          | HEST<br>MBER<br>MOUSLY<br>D FOR |                 | RESENT                    |           | RATE                                  | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                            | **                   |                                 | =               |                           |           | X\$ 9=                                |                        | OR            | X\$18=              |                        |
|   | Independent                                    |   | Minus                            | ***                  | UT OL 1111                      | =               |                           | 1         | X40=                                  |                        | OR            | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                      |                                 |                 |                           | L         | 465                                   |                        | 1             |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                  |                      |                                 |                 |                           |           |                                       |                        | OR            | +270=<br>TOTAL      |                        |
| **  | If the "Highest Nu                             | imn T is less than<br>imber Previously I<br>imber Previously P<br>mber Previously P | Paid For IN TH<br>Paid For IN TH | IS SPACE<br>IS SPACE | E is less tha<br>F is less tha  | ın 20,<br>an 3. | , enter "2(<br>enter "3." |           | TOTAL<br>ADDIT. FEE<br>ound in the ap | propriate bo           | OR<br>ox in c | ADDIT. FEE          |                        |